CAPT WEBINAR:

Leveraging PDMP Data to Support Prevention Planning Webinar Series

TRANSCRIPT

Title: Part 1: An Introduction to Prescription Drug Monitoring Programs (PDMPs)

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[Sarah Ivan]: Welcome to *An Introduction to Prescription Drug Monitoring Programs*, and we're going to be getting started in just a moment. This is Sarah Ivan, and I am a project associate with the CAPT. We have a poll question that we'd like for you to answer about how much you know about prescription drug monitoring programs. You can select a response by indicating your preference on the check boxes. So, please feel free to indicate how much you know about PDMPs.

I see many people are answering our poll question. Thank you. And those of us who are just joining, I want to welcome you to today's webinar, *An Introduction to Prescription Drug Monitoring Programs.* And, I see that many of you have selected that you have heard about PDMPs, so this is a great webinar for you to be joining us today. We're going to be doing some introductory material.

Hello, everyone, welcome. This is Sarah Ivan, and I'm a project associate with the CAPT. I want to welcome you to today's webinar, *An Introduction to Prescription Drug Monitoring Programs*, and we have a poll here. We wanted to ask a question: how much do you know about prescription drug monitoring programs? Please use the check boxes to indicate your knowledge about prescription drug monitoring programs. Thank you.

Just going to give everybody a couple more moments to get onto the webinar, and we'll get started in just a moment. If you haven't already answered the poll question on how much you know about prescription drug monitoring programs, please select your response. Thank you. All right, I see that a lot of people have selected that they've heard about prescription drug monitoring programs, and we're excited to tell you more on today's

webinar. I'm going to get started in just a moment.

It's about time for us to get started, and we have a lot of grantees, which is great. We're really excited to have you here with us today. And, today's webinar is titled *An Introduction to Prescription Drug Monitoring Programs,* and we're planning to review the basic concepts related to prescription drug monitoring programs in preparation for the subsequent webinars that are part of this three-part series. And, we're really happy to have you with us today. We have several esteemed colleagues with us today, Meelee Kim, Tom Clark, and Sandeep Kasat, who I'll be introducing shortly.

My name is Sarah Ivan, and I am a project associate with National and Cohort-Based Services at the CAPT, and I am going to be facilitating today's webinar. As a reminder, we are recording the call today, so that any of your colleagues who may have missed the event can tune in for an archived version. We'll also be posting all of the materials from today's webinar on CAPT Connect for your reference later. And also, as a reminder, this training was developed under SAMHSA's CAPT Task Order and is for training and peer sharing purposes only.

There are several learning objectives that we have for today's webinar. At the conclusion of the webinar, you should be able to: describe the information that PDMPs collect, define how PDMPs can be used to support substance misuse prevention efforts, and find additional resources on using PDMPs to prevent the nonmedical use of prescription drugs. In parallel with the learning objectives that we just reviewed, today, we're planning to provide a definition of PDMPs and demonstrate how PDMPs can support prevention efforts. We're also going to review some of the resources that can help you to use PDMPs in prevention planning.

In addition to today's webinar, we also have several other webinars planned on PDMPs. So, today we will be reviewing some of the basics around prescription drug monitoring programs—some of the basic concepts related to defining them and how they can be used with prevention planning. We're also going to be taking a more in-depth look on PDMPs throughout the SPF process—so, the Strategic Prevention Framework process—and through each SPF step. And the third webinar in our PDMP webinar series is focused on collaborations with PDMPs, and this webinar is scheduled for February 16th, and it will provide specific examples from the field on how PDMPs are being utilized. And, we hope that you'll be able to attend our upcoming webinars. If anyone has any questions, please don't hesitate to reach out to me, and my email address will be in the chat. Amanda will include it. I see she already has included my email in the chat, and you can also access it at the end of the presentation if you do have any questions about the upcoming webinars.

So without further ado, I would like to introduce our presenters for today's webinar. And, we have three experts who are going to be presenting today. The first is Meelee Kim, and

she's a research associate at Brandeis University's Institute for Behavioral Health. Ms. Kim conducts research and evaluation on community- and state-level programs aimed to prevent substance misuse and other health and behavioral health problems. She is currently working on projects exploring opportunities for using PDMPs to evaluate initiatives to facilitate safer prescribing of controlled substances.

We also have Thomas Clark who is also a research associate at Brandeis University's Institute for Behavioral Health, and Mr. Clark has extensive experience in managing, evaluating, and researching PDMPs. His current work includes determining PDMP best practices, identifying innovative uses of PDMP data in a broad range of applications, and also developing the evidence base for PDMP effectiveness.

And finally, we also we want to welcome Sandeep Kasat, who is the Associate Director of Epidemiology at the CAPT, and he is responsible for producing and updating the CAPT epidemiological tools and data-related products. He provides training and technical assistance on using epidemiological data, tools, and products to guide prevention planning and decision making. So, we are going to start by defining PDMPs, and I am going to hand the presentation over to Meelee to get us started.

[Meelee Kim]: Hello everyone. Can you hear me okay?

[Sarah Ivan]: Yes.

[Meelee Kim]: Sarah? Okay. Thanks, Sarah. Hello everyone. I hope you all had a wonderful holiday season. And just before I get started, I just want to reiterate that this webinar really is primarily geared towards folks who aren't as familiar with prescription drug monitoring programs and how they can be used for prevention work, generally speaking. So, this is basically just trying to set up the stage for the next two webinars that will provide a deeper dive into how PDMPs can be used and are being used to address prescription drug abuse and misuse across the country. So, there are, as many of you may already know, 49 states that have a prescription drug monitoring program, and, in addition, Washington DC has one and also the US territory of Guam.

And as you can imagine, there is a wide variation across state PDMPs, but in a nutshell they are electronic data systems that are housed within a state agency; and these data systems are set up to collect, analyze and make available certain information about controlled substances that are dispensed by community pharmacies and dispensing practitioners.

Another common feature across prescription drug monitoring programs is that there is a set minimum standard of information that are collected, and these are the general categories of information associated with the dispense-controlled prescription drugs. So for

the patient information, the PDMP would include the patient's name, their gender, their date of birth and their residential address. Some PDMPs also collect the patient's telephone number.

For the prescriber and pharmacy information, all the PDMPs would include the name of the prescriber and the pharmacy, their unique Federal VA number and their address, and some PDMPs also include the pharmacy phone number, which is actually helpful when they do data quality checks. As for the drug information, PDMPs would include the name of the drug, the days supplied of the drug, the quantity that was dispensed—so in other words, was it 30 pills, 60 pills, 90 pills—and the dosage unit—so, usually in grams or milliliters.

Prescription drug monitoring programs also collect information on the payment method. So, for example, was it paid by Medicare? Was it paid by Medicaid? Was it paid by a private insurance, or was it self-pay, meaning the patient paid for it out of cash or credit card? And, there are two additional fields that might be helpful for prevention practitioners, in that the payment method field also includes whether or not the prescription was paid for by Indian Nations or military installments, or the Veterans Administration. And now, not all state PDMPs do this, but many of them do collect the identification of the person who's actually picking up the prescription, since oftentimes the person picking up the prescription at the pharmacy is not necessarily the person who the prescription was prescribed for.

One of the—maybe the top five questions we get asked at Brandeis about PDMPs is, "Are they effective?" I can't give you a straightforward yes-or-no answer to that. Number one, because there really aren't enough empirical studies about them, especially as they are associated to an outcome, and second, because it really does depend on the outcome of the existing studies, which can range from a short-term measure, such as reducing the investigative time, to longer-term measures like overdose deaths.

But, what I can tell you is that they are considered to be highly effective when they are used optimally by authorized end-users with the purpose of trying to prevent, reduce, interdict prescription drug misuse, abuse and diversion. And part of the reason why that is, is because prescription drug monitoring programs, they all have a set common goal. Firstly, they exist to serve as a public health and public safety initiative. They aim to serve as an early intervention and prevention tool. So for example, as a clinical decision support tool. They also serve as an education and information tool, and the original purpose of prescription drug monitoring programs was to actually serve as an investigative and enforcement tool.

So, I mentioned authorized users, and we use this term, because those who have authority to obtain information from a prescription drug monitoring program is actually written into state legislation. And so, for the purpose of this audience, I thought I'd point out that if we,

as prevention practitioners, were to make a request to a PDMP office for information that's not already available publicly, we'd fall into the researchers category. But as you'll see—I don't know if you can see my pointer here—you'll see that not all of the 49 states that have a PDMP have legal authority to release any special-requested information to researchers.

As you see here on the map, PDMPs are operated by various state agencies, most being operated by a board of pharmacy and next by a department of health. Another top-five question that we generally get asked is whether or not it makes a difference where a PDMP is housed in terms of its effectiveness or innovation. And, we would argue that it's not so much where it's housed that makes a difference, but rather the level of resources a PDMP has to be proactive in analyzing and pushing out information to various stakeholders.

So, here's an overview of a PDMP system in the form of a flow chart, if you will. On the left shows the steps that a patient might be at risk for prescription drug misuse. So, it starts with the prescriber writing the prescription, then it goes to a pharmacist who has to dispense the prescription drugs to the patient, at which point the pharmacy sends, electronically, the information about that controlled substance to the state PDMP, which is on the right side. And, the state PDMP has great potential to prevent and respond to prescription drug misuse, whether it's directed to a patient, a community, a medical professional…you get the idea. And, the value of the prescription drug monitoring program in its role to respond to the prescription drug misuse issue is its ability to analyze and distribute that information to the stakeholders listed below, ranging from the front-line medical practitioners, to the boards that oversee them, to specialty courts (which, generally, they're drug courts), to insurance companies, to medical examiners and coroners, workers comp and then also to researchers who can inform policy.

So, I hope I've given you a general overview and somewhat convinced you that PDMPs have a unique role to play in efforts to address the nonmedical use of prescription drugs. And if I haven't, stay tuned, because I'll attempt to share a somewhat personal story later on in this webinar. But first, I wanted to lay out the strengths and limitations of PDMPs.

So, one major strength of PDMP data, as you may have been told repeatedly, is that the data are collected frequently and regularly, meaning that it's available for use much faster than other health data collected by states or federal government agencies. PDMPs also have a common set standard of data elements that I described earlier. So, if states or researchers wanted to look at data from other states, it's not a technical nightmare, because there are set data standards. And also with PDMP data, we can basically conduct trend analyses, and the level of analyses can actually be done from different perspectives. So it can be done at the patient level, the provider level, and the prescription level; and this really helps to paint a more comprehensive picture, especially for the needs assessment

phase.

So, PDMP, however, has limitations, and these are just a few to keep in mind. And as I mentioned before, those who can access or request information from a PDMP is determined by law. While I personally think that's a very good thing, it does create some challenges for prevention practitioners. So, in one of the next two upcoming webinars, there will be examples of how PDMPs are being used by what you would call multidisciplinary stakeholder groups to address prescription drug misuse and abuse.

Now, there's also this saying in data management, *garbage in, garbage out*—and this isn't to say that the data in PDMP are so flawed but, rather, to say that they are at the mercy of pharmacies that enter in the data. So, you know, how accurate and how complete the data in a PDMP relies on the pharmacies that submit them. Now mind you, states do check for data quality, but unfortunately each state conducts these checks differently. So, some states have rather sophisticated checks, while others check for the most common data errors.

Also, it's important to know what PDMPs don't have. So, these are just a couple of examples of what's not included in a typical PDMP or, actually, any PDMP. So, we wouldn't find a patient's race or ethnicity, although a PDMP would have the patient's age and gender and where they live. Also, the PDMP doesn't include any diagnosis information and the type of specialty, whether it's on the part of the providers themselves or the physical specialty is not included. There are creative ways that states try to get at provider specialty, but it's not included as part of the PDMP system.

So with that, I know I threw out a lot of information about PDMPs, and I think I'll just pause at this point, hand it over to Sarah, and give you a chance to jot down any questions or comments you might have about PDMPs in general. Sarah, back to you.

[Sarah Ivan]: Thanks, Meelee for such a comprehensive overview on PDMPs. As Meelee said, throughout the webinar, if anybody has any questions at all, feel free to type them in the chat, and we'd be happy to take your questions. And if we do not, I'm going to move on, and we're just going to start to build upon this basic knowledge a little bit now, and begin to think about how PDMPs can support your prevention efforts.

So, we'd like to know a little bit more about how you've used PDMP data to support your prevention efforts, if you have. And, if you have, how have you done that? So, you can answer in the poll, yes or no; and if yes, we'd love to hear from you. I do see one person saying yes, so please feel free to type in the chat how you've used PDMP data. I see one person is typing; excellent. Thank you very much. Now I have multiple attendees typing; excellent. Just going to wait a second and see what—"in our needs assessment for SPF Rx"—yeah, definitely.

Meelee, Tom, or Sandeep, do any of you have any comments about needs assessment? I know that that's one of the upcoming pieces that we're going to be reviewing later in the next webinar where we're going through the SPF process. But, do you have any other comments about needs assessment in using PDMP data?

[Sandeep Kasat]: And then that's what I was typing, Sarah. This is Sandeep. One of the ways we looked at the National CAPT Core is to look at PDMP data, and then some of the findings of controlled substances being prescribed aligned with what's going on with the overdose deaths and what age group and genders are being affected. So I think Fadia is right on track that looking at PDMP data for needs assessment, along with other data sources, actually makes a lot of sense.

[Sarah Ivan]: Absolutely. Thanks, Sandeep. All right, I see a few other people have said that, yes, you've used PDMP data to support your prevention efforts. We would be happy to hear how you've used PDMP data, so if you're willing to type into the chat and have a conversation with us, that would be great. And I see that there's also a lot of people in the poll who have not used PDMP data, and I certainly don't want to single you out, but I think that one of the things we're trying to do in this webinar is to demonstrate some of the ways that it can be used and to start getting you thinking about how you might be able to use PDMP data. So we would welcome your comments as well on, maybe, how you might be thinking about using PDMP data, even if you're not doing it yet.

I see a few people are typing. I see Vicky Adams just typed, "9/16 Texas PDMP moved from law enforcement control to state pharmacy board. Hope to obtain data soon." So, it sounds like you're working on getting a good organizational structure for your PDMP.

[Sandeep Kasat]: So a kind of follow-up question for Meelee. I know, Meelee, you did mention that PDMPs are housed by different agencies. So, and I know probably you cannot pinpoint, like, which one is better or worse; but do you have any sense that, let's say if the PDMP is housed in public health or pharmacy board, is there a little bit more collaboration going on across prevention agencies? Do we have a sense of that, or is it still, like, case-by-case basis?

[Meelee Kim]: You mean case-by-case as in state-by-state basis?

[Sandeep Kasat]: Yeah, state-by-state basis, sorry.

[Meelee Kim]: Yeah, it's definitely state-by-state basis. So I'll just give you an example, because Brandeis is in Massachusetts, and Tom and I have worked with the Massachusetts PDMP for quite a number of years now. So, the Massachusetts PDMP is housed within the Department of Public Health, and it's taken them years, I would say, to be fair, over a decade, to be able to share within the agencies within the Department of

Public Health. Part of that was some of the legal challenges, you know, including interpretation of getting IRB clearance, things like that.

So, but there's been a lot more movement, I would say, over the past two or three or possibly even four years, where states have gotten really creative in not necessarily obtaining raw data, but obtaining specialized data. So, you know, looking at certain geographic areas within a state and asking for aggregate measures for that geographic area to identify what some practitioners call 'hot spots' for not just, you know, high availability of controlled substances, but also doctor shopping activities—potential doctor shopping activities—or overdose rates.

[Sandeep Kasat]: Thank you.

[Sarah Ivan]: Thanks, Meelee. I see that there's a couple other comments in the chat. Ben Reaves says, "We use it to prioritize prescription drug goals, and we add this data to our SEOW report." That's a great way of adding the data and really utilizing it in a wonderful way, including it in all of your prevention efforts by putting it in your SEOW report. Thanks, Ben.

[Meelee Kim]: Ben, if I could ask—what state is that?

[Sarah Ivan]: Ben, do you want to just put it in the chat, which state you're in? And while we're waiting for Ben, I see that there's one other comment from Maderith. I apologize if I did not pronounce your name correctly. "We're planning a Rx Prescriber Campaign and having this data could help us encourage all local prescribers and dispensers utilize our state PDMP." Excellent. Yeah.

[Tom Clark]: This is Tom Clark from Brandeis, and I just wanted to chime in here on this point. One type of PDMP data that's worth looking at is how much prescribers and dispensers actually utilize the PDMP, because the more it's used, of course, the more impact it's going to have. So getting from your PDMP the utilization, the enrollment rate and the utilization rate, which can be measured in different ways, is actually, will help you track: Is the PDMP being used? To what extent is it being used? Of course, what you want to do, as prevention workers, is to increase utilization to maximize its impact. So, that's another kind of PDMP data, namely on utilization.

[Sarah Ivan]: Excellent. Thanks, Tom. Okay, did anybody else want to share how you've used PDMP data to support your prevention efforts? Please feel free to just add it into the chat now. And, I just wanted to point out that we're going to have a couple of upcoming webinars, so that 80% of you who have not used PDMP to support your prevention efforts, we have some exciting webinars coming up that will show you how you may be able to use PDMP data in practice.

All right, great. So thank you so much for all of your thoughtful answers, and I am going to turn the presentation back over to Meelee now, and she's going to provide some other examples on how PDMP data can be used.

[Meelee Kim]: Okay, thank you, Sarah. So, this is where I'd like to share with you, since we're all part of the CSAP family, so to speak, a personal story, a somewhat personal story. And, I'm sharing this story to kind of help put things into context and to help illustrate a point about how useful a PDMP can be in terms of identifying at-risk patients and at-risk prescribers.

So, just bear with me a little bit here. It's a story about a family friend, and for the sake of this webinar I'm just going to call him Rob. And, he was what people would call an all-American type of person. He married his high school sweetheart, and just for this webinar I'm going to call her Cheryl. And overall, you know, they had a really great life, both personally and professionally. Cheryl was an early childhood educator and worked in a daycare center, and you can imagine her work with little children involved a lot of physical demand. And so she ended up hurting her lower back, and her doctor prescribed a controlled substance pain medication.

Unfortunately, over time she was prescribed higher doses of opioids, and she eventually became addicted to them. Our family friend, Rob, tried multiple times to get her into—not just into a treatment program, but stay in a treatment program, but the addiction took such control over her life that probably one of the lowest points was when she called child protective services, claiming that Rob was abusing their daughter. And just for the record, he wasn't. You know, I think it was just Cheryl, that she saw Rob as a threat to her ability to get more opioids, and this was her way of getting rid of that barrier.

Now, if any of her doctors had checked the PDMP, they would have seen, not only that she was receiving multiple pain medications from multiple doctors, but that she was receiving very high doses of opioids. We'll never know, but if her doctors had checked the PDMP regularly and early on, they might have been able to take her off opioids or adjusted her treatment plan to prevent the addiction. And I think one of the powerful things about prescription drug monitoring programs are that they have the potential to identify at-risk patients, and that's, you know, one of the first steps to prevention.

And I think we've all heard local and national leaders say that this opioid abuse problem knows no boundaries when it comes to race, ethnicity, age, gender, socioeconomic class, and, even at the risk of getting myself into trouble for saying this, I, as an Asian immigrant female who works most of her time behind a computer studying PDMPs, and, to be very frank, at an arm's length from what happens in real life in terms of how PDMPs are actually used by prescribers and other practitioners and other end-users, and how they impact patient care, even I am not immune to the opioid abuse crisis.

So, and just to close off this story, if you're wondering if Rob and Cheryl had a happy ending, so to speak, we actually lost Rob to cancer a few years ago. But, before he passed away he got to see Cheryl gain a lot of her independence back from opioids and is currently still in recovery, I'm happy to say. And, her relationship with her daughter is a close one, and her daughter is now, in fact, in college, studying nursing.

So, this is a real-life story to kind of help us bring back the real-life implications of what PDMPs have the potential to do. I know it says here that it can tell us about a patient being at risk for, you know, engaging in pharmacy or doctor shopping, but I just want to emphasize the potential, because there are limitations to this data. So I just want to, to sort of, you know, ground us to that fact.

From a provider's perspective, another way the prescription drug monitoring program may have been able to help Cheryl is that if the data were analyzed to identify some of those doctors who were prescribing outside the standard practice, especially for their specialty, you know, it could have been one way to prevent the addiction. And I'm happy to report that some states do refer the state PDMP—they do refer to the professional licensing boards potentially at-risk prescribers who may benefit from further education on safer opioid practices, or those prescribers who even might be prime candidates for an investigation. But, unfortunately not all of them do this yet, and so there's still a lot of work to be done on how best to use PDMP for prevention. And so, you know, I'm sure this is one reason why we're all here today.

And so with that story, I think I'll just pause, and I'll hand it over to Sarah and Sandeep. I think it's actually Sandeep who's going to talk more about how PDMP data can be used within the prevention context.

[Sandeep Kasat]: Yeah, and thank you, Meelee, and thank you for sharing that powerful, yet touching story. Like you mentioned, this opioid abuse has touched everybody's life, including the ones who are not directly involved in it. But, all of us are working on data and then looking at these pieces of stories. So, thank you for sharing that. I know it should be tough for you.

So as a prevention provider or epidemiologist looking at data, you can look at PDMP data and find out what are the most commonly prescribed controlled substances in your state. And I guess it's no surprise that for almost all states, opioids are generally ranked the highest. When you look at their prescription rates by age group or gender to identify some high-risk sub-populations and disparities among these subgroups, and since PDMP data does include patients like this, as Meelee shared earlier, you can also look at the distribution of these substances by region, county, or even city. But of course, there are limitations with data access. So keeping that in mind, if you have PDMP data, and if you work with your PDMP administrator or PDMP agency, and if you get access to these data,

these are some of the ways you can look at data and use that in prevention planning.

And this all fits well with the SPF framework. So, I want to mention that—I don't want to go into too much detail, since this is what we're going to do in the second webinar in depth, and it will be focused on how PDMP data can be used under each of the SPF steps with some state examples. So, please make sure you all attend that. Sarah already mentioned that, but just to give you a quick overview that you can identify your priority, like I mentioned in the previous slide, like opioids in many instances and target sub-populations by looking at PDMP data and aligning it with other resources like overdose deaths, hospital admissions and treatment data.

You can build your states' and communities' capacities to understand PDMP data. And also understand PDMP problems using the PDMP data reports that some states are already doing, like, Ben, you mentioned in Utah. You can also identify risk factors such as doctor shopping, and identify patients, prescribers, and pharmacies that are associated with such behaviors. You can try and change prescriber behaviors by promoting the use of PDMP data or prescriber report cards. And finally, just like in the needs assessment step, you can track PDMP data over time, along with other data sources, to see how these strategies affect your chosen outcomes, like reducing doctor shopping and over-prescribings of opioids in your state. Again, like we mentioned, January 26 is the second webinar, and we will go much more in depth on, step-wise, how to use PDMP data with some examples in each of the SPF steps.

So I know many of you have heard about PDMPs. Some of you are already doing this, but if you want to get started, maybe the best way for you is your state PDMP website, which will often include a PDMP annual report or profile with some of the aggregated estimates or data in it. I know that some PDMPs have developed official mechanisms for requesting PDMP data and reports, so you may want to contact your PDMP to get started. There might be other agencies like the Department of Health who already have access to PDMP data, and you can work with them to develop data sharing agreements. This will sort of minimize the burden on your PDMPs of sharing data multiple times, and will offer additional resources to agencies who are already looking at the PDMP data. So we have to remember that this is sort of a bigger problem touching many agencies, and if many agencies work together, I think we can help each other and probably efficiently use resources as well.

And, you can explore some existing national resources on PDMP data, and to provide more details I think I'll turn it over to Sarah.

[Sarah Ivan]: Thanks, Sandeep. And as Sandeep did mention, there are some resources that can help you to utilize PDMPs, both within the CAPT and some that are with outside of the CAPT. And so we're going to just review a few of these now, and so I'll turn the

presentation back over to Meelee, and also Tom, to review some of the resources outside of the CAPT.

[Meelee Kim]: Oh, okay. So, Tom and I are research associates at Brandeis University, and at Brandeis University we have a couple of projects that are very specific to prescription drug monitoring programs. So the first is this project called the Prescription Behavior Surveillance System, which we affectionately call PBSS. It is funded by the Centers for Disease Control and Prevention and the FDA, the Food and Drug Administration, but it's administered through the Bureau of Justice Assistance. Yes, we have a somewhat complicated relationship with the Feds.

However, we also have an oversight committee, a PBSS oversight committee, that consists of those three federal agencies. And, in fact, SAMHSA is one of the oversight committee members, and also the participating states that provide de-identified PDMP data to Brandeis. And basically the purpose of it, aside from collecting the de-identified data from PDMPs, is to analyze it and then push out the information back to the PDMPs and also the general public about risk measures. And we currently analyze 43 of them, actually, and they're all available on the website, which I think is coming up next. And, if you are interested to know which 12 states are currently participating in PBSS, I'll just list it off for you. It is California, Delaware, Florida, Idaho, Kentucky, Louisiana, Maine, Ohio, Texas, Virginia, Washington State, and West Virginia. We are actually anticipating, I think, three more states to join PBSS in this calendar-year.

And then, the next Brandeis project that we have, this one is funded purely by the Bureau of Justice Assistance. It is called the PDMP Training and Technical Assistance Center. I think you can think of us as the EDC or CAPT for PDMP administrators, but we also do a lot of technical assistance to other stakeholders that are working on efforts to increase PDMP effectiveness and how they can be used optimally to address issues around the prescription drug abuse/misuse and diversion issues.

And that's our website, PDMPassist.org, and on that web page you will find listings of all the state PDMP administrators and their contact information, if you wanted to go directly to them for additional information. And we also have case studies. Tom's really the driver of case studies that we write up about state PDMPs and some of the community-level interventions that go on. And I think with that I'll turn it back over to…is it Sandeep?

[Sandeep Kasat]: It's Sarah, but I have a question for you, Meelee. This is Sandeep.

[Meelee Kim]: Sure.

[Sandeep Kasat]: I wanted to know that—like, I know that as a training and technical assistance center, you actually conduct national meetings as well. And I think, I believe,

that the materials and the presentations and overview of PDMPs from respective states are also posted on the PDMPassist website. Is that correct?

[Meelee Kim]: I think I just missed the second half of what you just asked. So yes, we do host national meetings that are invited to stakeholders beyond the PDMP administrators and federal and other government officials.

[Sandeep Kasat]: So my question was about the material from that meeting—let's say the presentation or reports—do you host it on the PDMPassist website as well?

[Meelee Kim]: Yes, they are all published on the website, if the presenters gave us permission to make them available. Yes.

[Sandeep Kasat]: Makes sense. Thank you.

[Sarah Ivan]: Great. Great question, Sandeep. And, I encourage everybody to check out their website and utilize those resources.

All right, and we also do have some CAPT resources on PDMPs. One of the first resources that we were going to talk about from the CAPT is a decision-support tool, and it's focused on programs and strategies that are related to prescription drug misuse. And, this tool is a resource that you can use to identify specific programs that may be useful in your community. This would be in conjunction with PDMP data to, you know, frame your prevention efforts in your state. And this tool can be accessed via the CAPT website,[1] and we'll also provide this material in some of the follow-up materials following the webinar.

And another resource that may be helpful to you is on environmental strategies to prevent nonmedical use of prescription drugs. Again, this would be used in conjunction with PDMP data. And the resource includes population-based interventions, and it's available on the CAPT Connect website. It's an online training and technical assistance tool, and so if you'd like to access that, we will be providing the link to this resource in the follow-up materials as well. Okay, and from here I think I'm going to hand it over to Sandeep to review a handout that we have on prescription drug monitoring programs.

[Sandeep Kasat]: Yeah, so thank you, Sarah. And then, all of you should be able to—at the end of the webinar, you should be able to download this overview document which talks about—so, just want to mention that this document is a basic overview of PDMP databases and their possible use in prevention planning, along with links to some

[1] This decision-support tool is available on the CAPT area of SAMHSA's website: https://www.samhsa.gov/capt/tools-learning-resources/preventing-prescription-drug-misuse-programs-strategies

additional data sources on nonmedical use of prescription drugs.[2] So, this is supposed to provide you with a basic overview, but with the prevention practitioner focus in mind. So that, and then if there are any more questions or details that you can contact Sarah or any of the presenters, or just contact Sarah and then get onto the PDMP TTAC website for more details. So, just wanted to let you know that this is available. This will be available to you after the webinar to download, and also available online with the webinar materials on CAPT Connect.

[Sarah Ivan]: Great. Thanks, Sandeep. All right, so we'd be happy to take any of your questions or your comments now. I'll give you a chance to type any of your questions or comments into the chat. We'd be happy to have some discussion now. I know we just threw out a lot of information at everybody, so I'll definitely give you a couple of minutes to try to digest some of what we've presented, and we'd love to take some of your questions and comments as they arise.

[Sandeep Kasat]: And I do want to mention that in the following webinar, we do have some examples of PDMP data from the PBSS states that Meelee mentioned, and also state examples of how they have used to identify some communities or high-risk and hot spots as well.

[Sarah Ivan]: Yeah, and we'll be going into a lot more depth for those examples in the next webinar. So, we'd really encourage you to join us then. And I do see one comment that came in from Kathy on why were there only 12 states included in the PBSS. Tom or Meelee, do you want to take that question?

[Tom Clark]: This is…

[Meelee Kim]: Yeah, sure.

[Tom Clark]: Oh, go ahead, Meelee.

[Meelee Kim]: Go ahead, Tom.

[Tom Clark]: Alright. Well, we had criteria by which states were invited to join PBSS. Were they going to be available, what was their capacity to provide de-identified data into our system. And so, we're now at 12 states, but we're going to be recruiting more. I think, as Meelee said, we're expecting at least three more to join us. So there's no—12 is not a magic number, it's just where we happen to be now in the process of recruiting states. The idea will be to, you know, have some regional representation, ultimately national representation. Right now I think we have about 1/3 of the country's population in the 12

[2] This resource is available on the CAPT area of SAMHSA's website: https://www.samhsa.gov/capt/tools-learning-resources/using-prescription-drug-monitoring-program-data-support-prevention-planning

states that are now in PBSS.

And speaking of PBSS, in terms of what you can look at on the TTAC website, if you go to the resources and scroll all the way down to PBSS, you'll see some of the documents that we produced for states, issue briefs or data briefs as we call them, that include various risk measures and prescribing measures. So you can actually see concrete examples of how prescription monitoring data are being used to help states in both tracking the impact of their policies related to prescription drug abuse and evaluating their programs, and also pinpointing what needs to happen in terms of addressing the program. So they are short, little data briefs. I think you'll find them interesting, and they certainly illustrate what prescription monitoring data can do.

[Sandeep Kasat]: So, Tom, one question. So, which agency is supporting PBSS?

[Tom Clark]: We—I think, as Meelee mentioned—we get funding from the Centers for Disease Control and the Food and Drug Administration via the Bureau of Justice Assistance. But yeah, CDC and the FDA are our major funders at this point.

[Sandeep Kasat]: Thank you.

[Tom Clark]: Sure.

[Sarah Ivan]: Thanks, Tom. I see another question in the chat from Jane: "Are there barriers to states contributing their data to the PBSS?" And I see Meelee had addressed that: "Do you mean tech-wise or finance expense-wise?" So, Jane, if you could just give us a little bit of clarifying information, that would be great. And I see Jane's typing. Okay, I see that Jane responded, "What factors contribute to states sharing their data?" And, "It could be technical or resources or confidentiality concerns." Meelee, do you want to address that question?

[Meelee Kim]: Yeah, sure. So, all the states that are invited to participate, they go through their legal counsels. So, confidentiality is, of course, one of our utmost issues that we want to address. However, I do want to remind you that the data that are sent to Brandeis are de-identified data. So, we don't get patients' names or even the prescribers' names. We get a scrubbed, unique project identification number. So, confidentiality is addressed in that way.

As far as technical factors, we provide technical assistance. We also provide program codes that might help states in generating the data sets. But, you know, state PDMP administrators are all very data-savvy people. They're really the experts on their PDMPs. So, technology-wise, it's not really a barrier. If there are any barriers, it's really around the legal issues of being able to share and participate in PBSS.

And then, you know, your question about what factors contribute to them deciding to share their data, it's really multiple reasons. Some states actually benefit, I dare say greatly, because PBSS as a project generates specialized reports which, then they use as policy briefs for their stakeholders and their policy decision makers. A lot of the states also put up, on their PDMP websites, some of those reports. They also use the data analyses that Brandeis is able to do for them. So, a lot of the legwork gets done in terms of, you know, like background information that they might need to provide for an annual evaluation report, for example.

So it's multiple reasons. And to be frank, you know, PDMP administrators—for some of you who have had the privilege of meeting some of them—they're very genuine people, I dare say, and they are really in the business of wanting their PDMP data to be useful. You know, they are not of the business of, or the mindset of having their data be housed in their state agency, just sitting there, you know, twiddling their thumbs. They really want it to be useful. I hope that answers your question, Jane, but please feel free to let me know if I can provide more.

[Sarah Ivan]: Yeah, and, Meelee, while you were talking, we had another question come in around city data as well. And, Tom and Sandeep have both chimed in, and I'm wondering if you want to. But, I'll summarize what they said first, that PDMPs can analyze data by zip code, so you can pinpoint towns and cities. And then, Sandeep added, "Your state PDMP will have access to patient address. So yes, you can get data by the city."

[Sandeep Kasat]: And I think one of the things, I think, Meelee, you did mention that at PBSS, you don't get patient identifiers. So, but the state PDMPs will have access to patient identifiers and the address, right?

[Meelee Kim]: Yes, and just to clarify, the PBSS data, as far as geographic information is concerned, we actually get at least the three-digit-level zip code. A lot of states actually provide us with the five-digit-level zip code, so we're able to kind of hone in on doing some of the more smaller geographic area analyses.

[Sandeep Kasat]: Great.

[Sarah Ivan]: Great. All right, does anybody have any other questions? Feel free to type them into the chat now. Just to give you another couple of minutes, I know that we just dumped a lot of information on everybody to digest, and we want to make sure that we've answered any of your questions.

[Tom Clark]: This is Tom.

[Sarah Ivan]: Alright.

[Tom Clark]: I would encourage people to be in touch with their PDMP administrators. If you make demands on PDMPs, they'll understand that the demand is there. They may not be able to meet your demand instantly, but hearing from you will prompt them to do what they can to improve their programs, improve their capacity to actually make data available. It's not always easy. It's certainly not instantaneous in most cases, but as my dad used to put it, the squeaky wheel gets the grease. So, don't be shy in requesting data and being persistent, politely, in trying to get these data, because they are very valuable.

[Sarah Ivan]: Yeah, I think that's a really great point, Tom, to be pointing out now, because I think that PDMPs are facing a lot of challenges with their time, and they're going to be facing even more of them, given many of the requests that they're going to hopefully be getting in, from prevention planning. So, encouraging everybody to reach out to your PDMPs and have patience with them as you do it.

All right, I think we'll wrap up now, and if any other questions or comments come to you after today's webinar, please don't hesitate to contact me. And, my email address is included on this slide, and we do thank you so very much for participating in today's webinar. And, we would really request for you to complete the evaluation before you leave today's webinar. Oh, and I do see one more question coming in, so maybe we'll just take this last question, because we have a couple of minutes.

From Candice, "Can you talk about tribal data and inclusion in the PDMP? Do tribes -- where do tribes report their data, to state PDMPs, to IHS? If the latter, does IHS have data-sharing agreements with state PDMPs?" And, I think we're going to be covering this in a lot more detail in the upcoming webinars. I know we have a couple of examples planned around this. But, Meelee, Tom, Sandeep, do you want to give a little bit of a preview as to how IHS and how tribes report PDMP data?

[Sandeep Kasat]: Yeah, Meelee and Tom, if you want to, go ahead, and I can...

[Sarah Ivan]: We can all chime in here.

[Sandeep Kasat]: …actually I did have a call with IHS on this one as well. So I think, Meelee, you mentioned one of the ways to get tribal-level data is from payment source, right? And I guess that's where we can find out if IHS was the payment source.

[Meelee Kim]: Right. So that's, you know, kind of a roundabout way of getting information about prescriptions associated with members of Indian tribes. The pharmacies don't necessarily have to report to the PDMP. Although, interestingly enough, IHS is mandating all of their physicians and prescribers to check their PDMP. And as you say, it is a complicated topic, but there are some tribal pharmacies that do report to PDMPs, but it's not something that is mandated, shall we say? So depending on which state you're in, you

might have a pretty robust information system, you know, compared to another state.

[Sandeep Kasat]: Yeah, and then we did have a discussion with IHS, and then they actually mentioned that they report the data to the state PDMPs. So it's not that they have—we can request tribal data from them. The tribes will have to go through the same procedure as you all or us all in terms of requesting data from PDMPs. So, IHS directly reports the data into state PDMPs, and they don't have access to that data, and they are also not allowed, legally, to share the data with anybody other than the state PDMPs.

[Sarah Ivan]: All right, great. Thanks everybody for your answers. And as mentioned, if anybody has any questions, my email address is here on the screen, and Meelee, Tom and Sandeep and I would be happy to have further discussions with you on PDMPs. And, we'd also love for you to attend our upcoming webinars. The invites will be going out to many of the people on this webinar today so that you can attend the next in this series. So we'd like to also thank you for attending today and encourage you to participate in the evaluation. We really appreciate your thoughts, and for you sharing your thoughts and comments. Thank you.

[Sandeep Kasat]: Thank you, Sarah

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